ORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPAstated EXACTLY. UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very, important. See instructions on back of certificate. MARGIN RESERVED mation should be carefully supplied. AGE should be N. B.—WRITE PLANLY,

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH (63.52
County Source WITHIN CORPO	265
county Something	4 0
Village or City Criaxeed	No. St., Ward f death occurred in A horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	
2. FULL NAME Julla Volanda Ba	llard
(a) Residence: No. dyler St - Cie	Lost Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
- of large	(Month) (Oay) (Year)
5a. If merried, widowed, or divorced HUSBAND of	22. 1 HEREBY CERTIFY, Thet lattended deceased from
(or) WIFE of Chone	June 16, 19 33, to June 19, 19 33
6. DATE OF BIRTH (month, day, and year) Mich 26, 1933	I last saw her elive on June 170 , 19. 33; death is said
7. AGE Years Months Days tf LESS than	to heve occurred on the dete stated above, at
0rmin.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Bacillary Dy Sextery June 19
9. Industry or business in which	
work wes done, es SILK MILL, SAW MILL, BANK, etc.	
10. Deto deceased lest worked at this occupation (month and ready)	
Carolield	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Conference (State or country)	
13. NAME Chas Loslee	
13. NAME Chas Zoslee  14. BIRTHPLACE (city or town) Sharftown	Neme of operation
(State or country)	Whet test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME VIOLA Balkard  16. BIRTHPLACE (city or town). Chustu	23. If death was due to externel ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Lustin (Stete or country)  Pa	Accident, suicide, or homicide? Dete of injury, 19
(State of County)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT VIOLIA Sallard (Address) Purful and	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place autoria Cim. Date June 20, 19 33	Neture of Injury
19, UNDERTAKER John a Bradsham	24. Was disease or Injury In any way related to occupation of deceased?
(Address) Crisfield mo	If so, specify
20. FILED June 20, 1933 C Colling	(Signed) Sarah L.C. Vey Ton M.D.
Registrar.	(Address) As to all the
aj more vianks are necaca, aaaress State Kegistrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, c. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		CHARDSHI	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED

STATE OF MARYLAND-	-CERTIFICATE OF DEATH U63:8
1. PLACE OF DEATH	(3)
County omerset	Registration Dist. No. 26/
Village or City Manon	No. St., Ward  If death occurred in a hospital or institution, give its NAME instead of street and number)
	osds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Lamus It Butler	
(a) Residence: No. marion	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE   S. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
or DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	J HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Cora Butler	let 1 1982, to Sm /7 1982
6. DATE OF BIRTH (month, day, and year) 12 185 8	i last saw h alive on
AGE Years Moths Days / If LESS than	to have occurred on the date stated above, at
/ 3   0   3   ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc.	weeks Deloy Heirs
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	- Anux
Date deceased last worked et 1931 11. Totel time (years) this occupation (month and 1931 spent in this occupation occupation	
12. BIRTHPLACE (city or town) Someset County	Other Contributory Causes of importance:
(State or country) 9nd	Clare minoralets
13. NAME Levin Bulling	
14. BIRTHPLACE (city or town) U ormund Chuly	Name of operation Date of
1 (State of Country)	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Pricillia Townsend  16. BIRTHPLACE (city or town) Somewhat Country	23. If death was due to external causes (ViOLENCE) fill in also the following:
(State or country)	Accident, sulcide, or homicide? Date of injury, 19 Where did injury occur?
17. INFORMANT Mes Choly Ennis (Address) Marion Ind	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Tocomotse Date Une 19, 1933	- Nature of injury
19. UNDERTAKER John a Brodstan	24. Was disease or injury in any way related to occupation of deceased?
(Address) (rusfield of for	if so, specify
20. FILED 19, 133 Gerelia 12, Jawros	(Signed) Ough Couldnum M. D
Registrar	(Address)

St., Ward.	If nonresident	give city or town	and State
MEDICAL CE	RTIFICATE	OF DEATH	1
21. DATE OF DEATH	(Month)	(Day)	, 193 3 (Year)
i last saw h alive on to have occurred on the date stated. The PRINCIPAL CAUSE OF DEATH were as Tollows:	above, at \$	11 Pem.	ded deceased from 1988
Other Contributory Causes of import	nezlu) onde	Date of Was there	
23. If death was due to external cause Accident, sulcide, or homicide? Where did injury occur? Specify whether injury occurred in I	(Specify city or	li in also the follow	wing:
Manner of injury  Nature of injury  24. Was disease or injury in any way			
(Signed) (Address) (Address) (Address) (Address)	some		M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		No en la casa de la ca	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

7	
•	

MARGIN RESERVED FOR BINDING IN UNFADING INK-THIS IS A PERMANENT CORD. H

state

PHYSICIANS should

stated EXACTLY.

AGE should be

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

B.-WRITE PLAINLY,

ż

of OCCUPA-

Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	. PLACE OF DEATH			<u> </u>	63.9
	County Journes .			Registration Dist. No.	61
	Village or City Massin			NoSt.,	Ward
	Langth of residence in city or town where dea	th occurred		f death occurred in a hospital or institution, give its NAME instead of street and r	
	. FULL NAME	.3	( 60		/J1
		aum	- 1	St., Ward.	
al trees	(a) hesidence. No.	(Usual place		If nonresident give city or town and	State
_	PERSONAL AND STATISTIC	AL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
	Luck Col	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH  Seve Byra July 26.  (Month)	, 1933
5a.	If married, widowed, or divorced HUSBAND of			22. I HEREBY CERTIFY, That i attended	dossessed draw
_	(or) WIFE of Surfacet			, 19, to	
6.	DATE OF BIRTH (month, day, and year)	,26 19	33	1 last saw h elive on, 19,	
7	AGE Years Months	Days	If LESS than	to have occurred on the date stated above, etm.	
6	leve Born		1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	I Data of court
N	8. Trade, profassion, or particular kind of work done, as SPINNER.				Date of onset
ATIC	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	uno		Deve Bosa	
OCCUPATION	work was dona, as SILK MILL, SAW MILL, BANK, etc				
000	10. Date deceased lest worked at this occupation (month and year)	sper	ma (years) nt in this pation		
12.	BIRTHPLACE (city or town) D.2.2. (State or country)			Other Contributory Causes of importance:	
ER	13. NAME Jamis Pens	A .		-	
FATHER	14. BIRTHPLACE (city or town)	nore		Name of operation Data of	
-	(State or country)	,		What test confirmed diagnosis? Was there an a	utonsy?
HER	15. MAIDEN NAME Rollies By	20.		23. If death was due to external causes (VIOLENCE) fill in also tha following	
MOTHER	16. BIRTHPLACE (city or town)			Accident, suicide, or homicide? Data of injury Where did injury occur?	
17.	INFORMANT Police By (Address)	32	•••••	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE,
18.	BURIAL, CREMATION, OR REMOVAL Place M. Life eur	Date 61	177 1933	Manner of injury	
19.	UNDERTAKER Chas The	Var	dra J	24. Was disease or injury in any way related to occupation of deceased?_ !-	۵,
20.	FILED 6/27, 1933 June	les 12.	Laures	(Signed) Lenge Quellusm.	M. D.
			Registrar.	(Address) Masson and	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chranic interstitial nephritis	1921	Run aver by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-ORD. Every item of infor-UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.—WRITE PLANLY, W.

1. PLACE OF DEATH  Dounty Description of the control of the case of the control of the control of the control of the control of the case of the case of the control of the case of the case of the	STATE OF MARYLAND—	CERTIFICATE OF DEATH (16381)
Village or City Warden Comment of the self-are in the self-are	1. PLACE OF DEATH	59
Length of residence in Site of Grown where death occurred 9 yrs	county Orgerset WITHIN CORPOR	RATE LIMITE Registration Dist. No. 263
Length of residence in gits or span where death occurred  (a) Residence: No. Many  (b) Residence: No. Many  (c) Residence: No. Residence  (c) Residence: No. Residence		No. St., / Ward
(a) Residence: No. Main  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  2. SEX  4. COCANOR RACE  S. SINCIE, MARRIED, WIDOWED, MAIN  S. HI Married, widesparker divorced (ar) WHE of Main  (an) WHE of BIRTH (month, day, and year)  6. DATE OF BIRTH (month, day, and year)  7. AOE  7. AOE  7. AOE  7. AOE  7. AOE  7. Hodge, profession, or particular  8. Trade, profession, or particular  8. Trade, profession, or particular  8. It day, mains  7. Hodge, profession, or particular  8. It day, mains  7. Hodge, profession, or particular  8. It day, mains  9. SPANNER, BOOKKEEPE, etc.  9. S		
PERSONAL AND STATISTICAL PARTICULARS  3. SPA  4. CRESSOR RACE  5. SINGLE, MARRIED, WIDOWED,  4. DATE OF DEATH  4. CRESSOR RACE  5. SINGLE, MARRIED, WIDOWED,  4. CRESSOR RACE  5. SINGLE, MARRIED, WIDOWED,  4. CRESSOR RACE  5. SINGLE, MARRIED, WIDOWED,  4. DATE OF DEATH  5. II married, widoses-p-ridverced  4. CRESSOR RACE  5. SINGLE, MARRIED, WIDOWED,  4. CRESSOR RACE  5. SINGLE, MARRIED, WIDOWED,  4. CRESSOR RACE  5. SINGLE, MARRIED, WIDOWED,  5. II married, widoses-p-ridverced  6. DATE OF DEATH  5. II HER EBY CERT I BY, That I attended pecassad from  6. DATE OF BIRTH (month, day, and year)  6. DATE OF BIRTH (month, day, and year)  7. AGE  8. Trade, profession, or particular  8. Industry or business in an without  8. SAWTER, BODKEEPER, etc.  9. Industry or business in which this  8. SAWTER, BODKEEPER, etc.  10. Date deseased also worked as a symbolic time of this cocupation (month and year)  12. BIRTHPLACE (city or town)  13. NAME  14. BIRTHPLACE (city or town)  14. BIRTHPLACE (city or town)  15. MAJOEN NAME  16. DATE OF DEATH  16. DATE OF DEATH  17. INFORMANT  18. DATE  18. DATE OF DEATH  18. DATE OF DEATH  19. 3. 3. 10  20. FILED  18. DATE OF DEATH  19. 3. 3. 10  21. Ideath was due to external causes (VIOL ENCE) fill in also the following:  18. DATE OF DEATH  19. DA	2. FULL NAME   Karles Howard I he	unock
PERSONAL AND STATISTICAL PARTICULARS  3. SEX		
3. SET A. COLORNO RACE S. SINCLE, MARRIED, WIDOWED, CRED WINGED WIND WILL ON THE OF DEATH JUNE 20, 1933 S. HI MARTINE, WICKINGS OF OWNER OF WILL OF BIRTH (Month), Gay and year) C. DATE OF BIRTH (month, day, and year) C. AGE Years Months C. Days If LESS than I day, hrs. I day have occurred on the date sphed abova, at 8 200 m. March 2 day were as fallow ward does, as SIK MILL, SAW MILL, BANK, etc. D. Date of DEATH June C. DATE Jule C. DATE Jule C. DATE OF DEATH June C. DATE Jule C. DATE		
Sa. If married, widewasher diverced HUSBAND of Warrier than word)  Sa. If married, widewasher diverced HUSBAND of Warrier than word or wife of Manager Le Channels  E. DATE OF BIRTH (month, day, and year)  S. ACE  Years  Months  Oays  If LESS than to have occurred on the date of hot above, at 8 3 9 m., the profession, or particular kind of work done, as 5 Pinner, Autument  S. Industry or hashiness in which  S. Industry or hashiness i		
HUSAND OI (or) WIFE of Magaie Que hounself  6. DATE OF BIRTH (month, day, and yaar) Oct 19 189  7. AGE  Years  Months  8 7 1 1885 than 1 day hrs. frs. frs. frade, profassion, or particular shirt of work done, as SPINNER Journal SANYER, BOOKKEEPER, etc.  9. Industry or business in which this scocypation (month any seps) 11. Total time (years) for years) 12. BIRTHPLACE (city or town) 23 2 2 2 11. Total time (years) for years) 13. NAME  14. BIRTHPLACE (city or town) 24 2 2 15. MAIDEN NAME  15. MAIDEN NAME  16. BIRTHPLACE (city or town) 25 2 2 2 15. MAIDEN NAME  17. INFORMANT 25 2 2 2 15. MAIDEN NAME  18. BURIAL, CRESTOWN AREADY A 25 2 15. MAIDEN AREADY A 25 2 15. MAIDEN NAME  18. BURIAL, CRESTOWN AREADY A 25 2 2 15. MAIDEN AREADY A 25 2 15. MAIDEN NAME  19. LORGER ARER  19. LORGER	OR DIVORCED (write the word)	June 26 ,193 3
7. AGE Yaars Months 7 ItESS than 1 day	HUSBAND of	
7. AGE Years Months 7 ItESS than 1 day	6. DATE OF BIRTH (month, day, and year) Oct 19 1889	l last saw hours area on level 2 60/1933 death is said
8. Trade, profession, or particular wind of work done as SPINNER determined work was done as SILK MILL, SAW MILL, BANK, etc.  10. Date decessal last worked at 1 12 2 11. Total time (years); spent in this occupation (month and 12 2 spent in this occupation (month and 12 2 spent in this occupation).  12. BIRTHPLACE (city or town) and the following was decided to country)  13. NAME  14. BIRTHPLACE (city or town) and the following:  15. MAIOEN NAME  16. BIRTHPLACE (city or town) and the following:  17. INFORMANT AND A LANGE	7. AGE Yaars Months Days If LESS than	to have occurred on the date shed abova, at \$300 -m. June 266
S. Trade, profassion, or particulars  kind of work done, as SPINKER futures  SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc.  10. Date deceased last worked at 9 fg. 2 11. Total time (years); fg. spent in this year)  (State or country)  12. BIRTHPLACE (city or town)  (State or country)  14. BIRTHPLACE (city or town)  (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (State or country)  18. BURIAL, CRESTONA RESEARCH  (Address)  Date  Onter Centributory Causes graph addings:  18. BURIAL, CRESTONA RESEARCH  (Address)  Date  Onter Centributory Causes graph addings:  18. BURIAL, CRESTONA RESEARCH  Date  Onter Centributory Causes graph addings:  Other Centributory Caus		wars as follows:
9. Industry or business in which work was often as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and 13 manufacture)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  18. BURIAL, CRESTING AREA (Address)  18. BURIAL, CRESTING AREA (Address)  19. UNOERTAKER  (Address)  19. UNOERTAKER  (Address)  19. UNOERTAKER  (Address)  19. UNOERTAKER  (Address)  (Signon)  (Signon)  M. D.  (Address)	8. Trade, profassion, or particular kind of work dona, as SPINNER Laterman	Nephretis - Deobetes Date of onset
12. BIRTHPLACE (city or town). Angus  (State or country)  13. NAME  14. BIRTHPLACE (city or town). Cangus  (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town). Cangus  (State or country)  17. INFORMANT  18. BURIAL, CRESCUPAL ARRESON  18. BURIAL, CRESCUPAL ARRESON  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  20. FILEO  11. Character  Other Contributory Causes of Modalogy:  Other Contributory Causes of Modalogy:  Name of operation.  Name of operation.  Whet test confirmed diagnosis?  Was there an autopsy? (Local Country)  Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Netura of injury  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  10. Specify whether injury way related to occupation of decaased?  11. So, spacify  (Signer)  (Address)  M. D.	9. Industry or business in which	My and it's
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12. BIRTHPLACE (city or town) (State or country)  14. BIRTHPLACE (city or town) (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  18. BURIAL, CRESTING SELECTION  18. BURIAL, CRESTING SELECTION  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  20. FILEO  21. BIRTHPLACE (city or town) (State or country)  19. UNDERTAKER (Address)  24. Was disease or injury in any way ralated to occupatinn of decaased?  25. If so, spacify (Signes)  26. Signes)  27. INFORMANT  28. CRESTING  29. CRESTING  20. FILEO  20. FILEO  20. FILEO  20. Address  21. Address  21. Address  21. Address  22. Address  23. If death was due to external causes (VIOL ENCE) fill in also the following:  23. If death was due to external causes (VIOL ENCE) fill in also the following:  20. FILEO  21. MAIOEN NAME  22. Address  23. If death was due to external causes (VIOL ENCE) fill in also the following:  23. If death was due to external causes (VIOL ENCE) fill in also the following:  24. When did injury occur?  (Specify city or town, county and State)  Specify whethar injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  24. Was disease or injury in any way ralated to occupation of decaased?  (Signes)  25. Address  26. Address  27. Address  28. Was disease or injury in any way ralated to occupation of decaased?  (Signes)  28. Was disease or injury in any way ralated to occupation of decaased?  (Signes)  29. Address  20. Fileo  20. Fileo  20. Fileo  21. Address  21. Address  22. Address  23. If death was due to external causes (VIOL ENCE)  25. Head was due to external causes (VIOL ENCE)  26. Address  27. Address  28. Address  28. Address  28. Address  29. Address  20. Address  20. Address  20. Address  20. Address  20. Address  20. Address  21. Address  21. Address  22. Address  23. If death was due to external causes (VIOL ENCE)  26. Address  27. Address  28. Address  28. Address  29. Address  29. Address  20. Address  20. Address  20. Address  20. Address  20. A		acute Cordiaco
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Where did injury occur?  17. INFORMANT Mass Thelma Chamoet Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMONA W June 1923  19. UNOERTAKER OM A Orodobaw (Address)  20. FILEO CARREST ON A OROBOLAN (Signey)  20. FILEO CARREST ON A OROBOLAN (Signey)  21. Was disease or injury in any way related to occupation of decaased? (Signey)  (Specify eity or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  (Specify eity or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  (Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Address)	I 15. MAIOEN NAME PHONE Sure Huze	23. If death was due to external causes (VIOLENCE) fill in also the following:
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17. INFORMANT  (Address)  18. BURIAL, CREMINAL COMMENT  Place  Oate  Oate  Oute  19. UNDERTAKER  (Address)  20. FILEO  Comment  C	(State of country)	(Specify city or town, county and State)
Placa Date Control of Companies of Injury  19. UNDERTAKER AM a Broad of State of Injury In any way related to occupation of decaased?  24. Was disease or Injury In any way related to occupation of decaased?  25. Fileo of Control of Injury In any way related to occupation of decaased?  26. Fileo of Control of Injury In any way related to occupation of decaased?  27. Fileo of Control of Injury In any way related to occupation of decaased?  28. Gigney of Injury In any way related to occupation of decaased?  29. Fileo of Injury In any way related to occupation of decaased?  20. Fileo of Injury In any way related to occupation of decaased?  20. Fileo of Injury In any way related to occupation of decaased?  20. Fileo of Injury In any way related to occupation of decaased?  20. Fileo of Injury In any way related to occupation of decaased?  21. Gigney of Injury In any way related to occupation of decaased?  22. Fileo of Injury		Specify whethar injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
19. UNOERTAKER Of M A Orodobaw (Address)  20. Fileo  20	18. BURIAL, CRESCUON, GREENOVAL 29th	Manner of injury
20. Fileo he 29, 33 Elolling (Signer) The bulbourn M.D.  Registrar. (Addrass Quish of Quille)	Placa Con Oate Con 1933	Netura of injury
20. Fileo hone 29, 1933 Etolling (Signey) Thoulbourn M.D.  Registrar. (Addrass Quist of Ohio.)		
	20. FILEO June 29, 33 CE Colling	(Signer) M. D.

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To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
  9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II *	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		8661 9 100	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

FOR

RESERVED

-WRITE CAUSE mation LION

OF

SI

(Address)

18, BURIAL, CREMATION,

19. UNDERTAKER (AddtessX

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

. 19.3.3

Manner of injury

Neture of injury.

If so, specify (Signed)

24. Was disease or injury In any way related to occupation of deceased

(Address) \_\_\_\_\_\_ Zerozers...

(Year)

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example I	6	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gostroenteritis	1 yeor

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE O	F MARY	LAND-CE	RTIFICA	TE OF	DEATH
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1.	63	5		1)
0	O	U	100	4

1. PLACE OF DEATH			(80)
County Somerset			Registration Dist. No. 26/
Village Dr CityMarion	deeth occurreds	(lf	ND. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Bessie F	lorence	Dryden	
(a) Residence: No.	(Usual place		St., Ward.  If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
s. sex 4. color or race Female White	5. SINGLE, MAR OR DIVORCE Marri	RIED, WIDOWED, D (write the word) ed	21. DATE OF DEATH  June 25th., 1933  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Calvin Dryde	n		22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, dey, and year) 12.7	5th.18	83.	I last saw h QQ alive on Que Q 4 1983; deeth Is said
7. AGE Years Months 50 1.	0ays 20	If LESS then I day,hrs. ormin.	to have occurred on the date stated above, 12.50P.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as-follows:
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	occi	ime (years) nt in this upation	Other Contributory Causes of Importance: Pulsalana
12. BIRTHPLACE (city or town)Worcest (State or country) Maryla:	er Coun	<u>, y</u>	mm J Huy Huer
# 13. NAME John Carter			
13. NAME John Carter  14. BIRTHPLACE (city or town) Worce (Stete or country) Maryl		unty	Name of operation court But But Oate of June 1924 What test confirmed diagnosis? Usual. Was there an autopsy?
15. MAIDEN NAME Elizab  16. BIRTHPLACE (city or town) Orces  (State or country) Work	eth Pus		23. If deeth was due to external ceuses (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
(State or country) Mary	rland		Where did Injury occur?
17. INFORMANT Calvin Dryd (Address) Marion, N		•	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PlacSt. Paul's Cemet	a <b>gy</b> Jur	e27th,33	Manner of Injury
19. UNDERTAKEN PLUOUS (Address) POCOMORO Cit 20. FILED 476, 1933 Serve	Strong Mary 1	and. auxou Registrar.	24. Was disease or injury in any way related to occupation of deceased?  If so, specify (Signed) M. D. (Address) M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home kousework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes | Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ogo Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA. mation should be carefully supplied. AGE should be stated EXACTLY. UNFADING INK-THIS IS A PERMANENT properly classified. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be TION is very important. B.—WRITE PLANLY,

FOR BINDING

MARGIN RESERVED

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STATE OF MARYLAND-	-CERTIFICATE OF DEATH 06323
1. PLACE OF DEATH	(18)
County Signerset WITHIN CORT	PORATE LIMITS OF Registration Dist. No. 263
Village or City Crofuld	ND. St Ward
Length of residence in city or town where death occurred	If death occurred in a hospital or institution, give its NAME instead of street and number)
1//22.21 /2/11 . 77	os. 2.9. ds. How long in U.S. if of foreign birth?
2. FULL NAME L'ONALA Elleoll	(1770
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH JAME 144 193 3
5a, If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
11 11 11 11 11	June 8 19 33, to June 14, 19 =3
6. DATE OF BIRTH (month, dey, and year) April 15-33	I last saw h alive on June 1
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10.30 A.m.
7 29 ormin.	were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER,	Bacellary dyservery bus 8
SAWYER, BOOKKEEPER, etc.	production 1 by 15
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Premature bala.
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Dato deceased last worked at this occupation (month and // year) year)  11. Total time (yeers) spent in this occupetion	
Cuilind	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
A H A BAA HA	
14. BIRTHPLACE (city or town) Delals I stand	
4 14. BIRTHPLACE (city or town) WCCCC / State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) Poeomobel	23. If death was due to external causes (ViOL ENCE) fill in also the following:
0 16. BIRTHPLACE (city or town) Combile	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where dld injury occur? (Specify city or town, county and State)
17. INFORMANT A DOUT CHILDY (Address) Cusfield and	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL	Manner of injury
Place working lim Date mm 19, 1933	Nature of injury
19 UNDERTAKER TOM Whyadsfaw (Address) Wastell Chil	24. Was disease or injury in any way related to occupation of deceased?
20. FILED June 16, 193 3 - Etollins	If so, specify  (Signed)  Substitute of the many many many many many many many many
Registrar.	(Address) (Addre
-, more viames are needed, address State Registrar,	2411 IV. Charles Street, Dallimore, Kequesting "U. S. No. 1.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		1001.9 300	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIA	IN
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PLACE OF DEATH Exact stated EXACTLY, P properly classified. of certificate. **2FULL NAME** PERSONAL AND STATISTICAL PARTICULARS SSINGLE, MARRIED, WIDOWED 4 COLOR OR RACE 3 SEX it may be on back OR DIVORCED (Write the word) 6 DATE OF BIRTH instructions that (Month) (Dsy) 7 AGE (a) Trade, profession or See particular kind of work pia (b) General nature of industry important. business, or establishment in = which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE PARENTS OF FATHER CAUS information (State or country) ATIOI 12 MAIDEN NAME OF MOTHER ould state 13 BIRTHPLACE OF MOTHER (State or Country) S should of KNOWLEDGE Every item CIANS shot (Informant) (Address 15

(Year)

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

IIf LESS than

I day hrs.

STATE OF MARYLAND

CERTIFICATE OF DEATH

Registration Dist. No.

St.:	Ward)	(If death a hospitai tion, give I stead of number.)	or int	E in
CEDTIE	CATE	E DEATH		

16 DATE OF DEATH	Thout M	Toney 30 1983	
		(Day) (Year)	
at Burth	CERTIFY, That I at	tended the deceased feat 1983 L. B. C. M. 192	
and that death occurrence The CAUSE OF DEATH		d above, atn	
Place	enta Porg	ma	
shild 1	rad busin	dead	
at leas	t 48 hu	415	
A B B B B B B B B B B B B B B B B B B B	(Duration)	yremosd	۵.
Contributory			0
%	(Duration)		6.
(Signed)	24.45	Tout M. I	).
		Ell mas	_
*State the Dis Violent Causes, ata Accidental, Suicidal o	ease Causing Death te (1) Means of In r Homicidal.	or, in deaths from njury and (2) Whether	
18 LENGTH OF RES		itals, Institutions, Tran	3-
At place of deathyrsme	In the	e iteyrsmosd	s,
Where was disease contraif not at place of death	acted,		
Former or usual residence		000000000000000000000000000000000000000	_
19 PLACE OF BURIAL	or REMOVAL MAD	DATE OF BURIAL	3
20 UNDERTAKER	-10/- )	Cristuld	1

Filed

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomolive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a (b) Cotton mill; (a) Salesman. (b) Grocery; eman, (b) Automobile factory. The material single word or term on

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia," Bronchopneumonia ("Pneumonia,")

State cause for which surgical operation was undercausing death), 29 ds.; Bronchapncumonia (secondary), stated unless important. Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Mcasles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary ..... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature lelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be ss important. Example: Measles (disease valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1. PLACE OF DEATH	OF MARYLAND—	CERTIFICATE OF DEATH	100000
county Jomerse	<i>t</i>	Registration Dist. No.	10
Village or City Cristi	eld In	Choody memorial Hospiters	Ward
Length of residence in city or Jown w	where death occurred D vrs D mo	f death occurred in a horpital or institution, give its NAME instead of street and	number)
2. FULL NAME THE	len. Ford		
D	umbley.	St., Ward.	
(a) neolucines. No.	(Usua) place of abode)	If nonresident give city or town and	State
	ISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX  4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH June (Day)	, 193 3 (Year)
5a. It married, widowed, or divorced HUSBAND ot (or) WIFE of		22. I HEREBY CERTIFY, That I attended	```
(or) WIFE of	A	1933 to 2002	£ 19 33
6. DATE OF BIRTH (month, day, and year)	July 26 1910	I last saw h And alive on 1933	; death is said
7. AGE Years Month		to have occurred on the date stated above, at	
23 /1	0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as tollows:	Date of onget
8. Trade, protession, or particular kind of work done, as SPINNET SAWYER, BOOKKEEPER, etc.	. Houseworks	Ilretour	urb.
9. Industry or business in which			
work was done, as SILK MILL, SAW MILL, BANK, etc.	Home		
No. Dato deceased last worked et this occupation (month and year)	Nach 11. Total time (years) spant in this occupation		
12. BIRTIPLACE (city or town)	imbley	Other Contributory Causes of Importance:	
(State or country)	1 mid	and the state of t	
13. NAME Gutte  14. BIRTHPLACE (city or town)	in ford		-
4. BIRTHPLACE (city or town)	/ Rumbles	Name of operation Date of	
(State or country)	Ind	What test confirmed diagnosis? Was there an	utopsy?
15. MAIDEN NAME Suc	y and	23. If death was due to external causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE (city or town)	Janny	Accident, suicide, or homicide? Date ot Injury	, 19
madel	Tare la	Where did injury occur? (Specify city or town, county and State	e)
17. INFORMANT Tradition (Address)	ion Ind	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL	0	Manner of injury	
Place 7 annu Ce	n Date time 8 , 19 33	Nature of Injury	
19. UNDERTAKER John U. O.	adstan	24. Was disease or injury in any wey related to occupation of deceased?	20
20. FILED June 8, 1933	E Collins Registrar.	(Signed) Colcos: 1. Cheval	Ram. D
If	more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done. 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative." etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 ST 3 7 3 W			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

B.

inforstate OCCUPA.

Jo

If more blanks are needed, address State Registrar, 2418 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Addrass)

Registrar.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state RD. Every item of infor Stated EXACTLY. PHYSICIAMS UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be supplied. mation should be carefully TION is very important.

-WRITE PLA

8 ż of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06387
1. PLACE OF DEATH	10770
County Downson	Registration Dist. No. 268
Village or City DEALS ISLAND, MD.	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredwrsmos.	
2. FULL NAME Samuel T. Ho	rsuman
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or Iown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Survice the word)	21. DATE OF DEATH  JUN 14 1933, 193 (Wonth)
5a. If merried, widowed, or divorced HUSBANO of	
(or) WIFE of A unlinous	22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Dug 5 1866	i last saw half alive on June 114, 1932; death is said
7. AGE Years Months Days If LESS then	to have occurred on the date stated above, et 17.20m. P.M.
(a (a + 10)   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Bronchd- fendumonia Oate of one ot
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	/
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) WENONA, MD	Other Contributory Causes of importance:
(State or country)	Acute Nephronia
13. NAME / walk of order way	
13. NAME / WENDNA, ND.  14. BIRTHPLACE (city of town)  (State or country)	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME / WENONA, MD	23. If death was due to external causes (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town) WENONA, MD	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT LAND, AD. DEALS ISLAND, AD.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL  Place Menona nd Date Jases 16, 1933	Manner of injury
19 UNDERTAKER It red Tyelates	24. Wes disease or injury in any way related to occupation of deceased?
(Address) DEALS ISLAND, MD.	If so, specify
20. FILED Mels, 1933 Rosa Welster. Registrar.	(Signed) (Signed) (Address) CHANCE, MD.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were ns follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH state OCCUPA-1. PLACE OF DEATH plnods item of Village or City of PHYSICIANS CORD. Every Length of residence in city or town statement 2. FULL NAME (a) Residence: No. (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word) PERMANENT ingle ACTL FOR BINDING classified. 5e. If married, widowed, or divorced HUSBAND of (or) WIFE of EX certificate. 6. DATE OF BIRTH (month, day, end yeer) properly 7. AGE Years 0eys If LES Shan stated IS 8. Trede, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. OCCUPATION MARGIN RESERVED be Jo Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. back AGE should it may 0.0 Date deceased lest worked at this occupetion (month and 11. Total time (yeers)
spent in this so that veer) ..... See instructions UNFADING 12. BIRTHPLACE (city or town) (State or country) supplied. in plain terms. FATHER 13. NAME 14. BIRTHPLACE (city or town) (Stete or country) mation should be carefully MOTHER TION is very important. 15. MATDEN NAME OF DEATH 16. BIRTHPLACE (city or town (Stete or country 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL CAUSE 19. UNOERTAKER (Address) Registrar. If more blanks are needed, address State Registrar, 2

157-E			770
6.9	Registrati	on Dist. No	210
Nods. How long in U.S. if	ution, give its NA	AME instead of str	St Ward
orond			
St.,Ward.			
MEDICAL		dent give city or to	
21. DATE OF DEATH	ERTIFICA	TE OF DEA	VTH
Jui	(Month)	(Dey)	, 193 <b>3</b> (Yeer)
22 / HEREB	Y CERTI	PY. That I a	ttended deceased from
to have occurred on the date state	Jus	10.11	1933; death is sald
The PRINCIPAL CAUSE OF DEA		causes of importen	ce
were of follows:			Oate of enset
Conge	ul	al	
1	A		
JTEOT (	NU	10020	
Other Contributory Causes of imp	ortence:		
	**********		
Name of operation		n	ete of
What test confirmed diegocit	sur		ere en eu'opsyllo
23. If deeth was due to externel ce			
Accident, suicide, or homicide?		Date of Injury.	
Where did Injury occur?	/C // '		
Specify whether injury occurred i	in INOUSTRY, in	y or town, county HOME, or in PUE	and State) BLIC PLACE.
Manner of injury	***********		
Neture of injury			
24. Wes disease or injury In eny v	vey releted to oc	cupetion of decee	sed? LO
If so, specify	10 ore	War	ru
(Signed)		000	M.O.
111 N. Charles Street, Baltimore, R	equesting U. S.	No. 1.	7.7.0

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
19			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	

AGE should be stated EXACTLY.

properly classified.

be

CAUSE OF DEATH in plain terms, so that it may

supplied.

mation should be carefully

-WRITE PLA

m,

PHYSICIANS should state Exact statement of OCCUPA-

RD. Every item of infor-

063.9 STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH Q	92.00
County Domes Rel	Registration Dist. No. 268
Village or City CHANCE, MD,	NoSt., Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsm	osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME // Cassy force	
(a) Residence: ND.	St., Ward.
(Usual playe of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (wrife the word)	JUN 2 1 1G22 193
52 If married widowed or divorced	(Month) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
over fores	- JIN 9 1 4022 19 10 10 JN 9 1 102219
6. DATE OF BIRTH (month, day, and year) Och 12 1855	I last saw fi who was a sale
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
ormin.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:
8. Trade, profession, or particulor kind of work done, as SPINNER,	Valordar blow distas
Rind of work done, as SPINNER, SAWYER, BOOKKEFPER, etc	- ff
work was done, es SILK MILL, SAW MILL, BANK, etc.	Mount many grain by
10. Date deceased last worked et   11. Totel time (years)	
this occupation (month end spent in this occupation	
12. BIRTHPLACE (city or town) CHANCE, MD.	Other Contributory Causes of Importence:
(State or country)	
13. NAME Hezekiah Willing	
13. NAME Hezekiah Willing 14. BIRTHPLACE (et or town) CHANCE, MD.	Name of operation Dato of
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIOEN NAME Mangarel Parker  16. BIRTHPLACE (city or town) GHANCE, MD.	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) GHANCE MD	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Olla Parker	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) CHANCE, MD.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place CHANCE, MD. Date True 23, 1977	- Nature of injury
19. UNDERTAKER HILL T Weltte	24. Was diseese or injury in any way related to occupation of deceased?
(Address) DEALS 181 AND, MB.	If so, specify
20, FILED Sura Welster	(Signed) Of Sun word M. D
Registrar.	(Address) CHANCE, MD

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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infor state	1. PLACE OF DEATH
should of OCC	County Somue
.= 0	Village or City May
ery NNS ent	Length of residence in city or to
RD. Ev YSICIA statem	2. FULL NAME
	(a) Residence: No.
PH. PH.	PERSONAL AND ST
T. Y. E.	3. SEX 4. COLOR OR Much
NDING RMANEN X A C T I classified.	5a. If married, widowed, or divorced HUSBANO of (or) WIFE of
Print to the second	6. DATE OF BIRTH (month, day, and y
FOR B IS A PE stated E properly	7. AGE Years dud Box
K—THIS nould be may be back of o	8. Trade, profession, or particula kind of work done, as SPI SAWYER, BOOKKEEPER, et al. Industry or business in which work was done, as SILK M SAW MILL, BANK, etc  10. Date daceased last worked at this occupation (month and
ARGIN RESE NFADING INI pplied. AGE sh erms, so that it instructions on	12. BIRTHPLACE (city or town) (Stata or country)
ARGI UNFAI upplied. terms,	13. NAME Philip &
	14. BIRTHPLACE (city or town)
Wrz efully in pla	15. MAIDEN NAME Ses
LY, Wry carefully TH in pla	16. BIRTHPLACE (city or town)  (Stata or country)
E PLAINLY, Wr should be careful OF DEATH in p	17. INFORMANT Parely (Address)
TE PI n shou SE OF is ver	18. BURIAL, CREMATION, OR REMOVE
B.—WRITE mation sh CAUSE TION is	19. UNOERTAKER The Market (Address)
N. S. N.	20. FILED. 6/27, 1935

STATE OF MARYLAND	CERTIFICATE OF DEATH 00330
1. PLACE OF DEATH	8
County Donnes '	Registration Dist. No. 270
	No. Mocessay Hooptal Cufist & Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Lustling	ged
(a) Residence: No	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Deva By 1933  (Month) (Day) (Year)
Sa. If married, widowed, or divorced HUSBANO of	(1007)
(or) WIFE of	22. I HEREBY CERTIFY, That i attended deceased from
6. DATE OF BIRTH (month, day, and year) dure 27-1933	1   1   1   1   1   1   1   1   1   1
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, atm,
dud Bon 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
O Trade referein	were as follows: 7 mults Questie Ch as Oate of onset
kind of work done, as SPINNER, Nowe.	
A. Frade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date daceased last worked at this occupation (month and this progration function).	
SAW MILL, BANK, etc	
O 10. Date daceased last worked at this occupation (month and year) year)	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) 22. (State or country)	wat be
I I D	N
[ 14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME Elsix Genge,	23. If death was due to external causas (VIOLENCE) fill in also tha following:
15. MAIDEN NAME Elsie Genge.  16. BIRTHPLACE (city or town) Pa.	Accident, suicide, or homicida? Date of injury 19
(Stata or country)	Where did injury occur?
17. INFORMANT Philip John Luellinger	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place tome kurymy of Oate 0127 1933	Nature of Injury
19. UNDERTAKER I help John tuettinger	24. Was disease or injury in any way related to occupation of deceased?
20. FILED (127, 1935 Tureling 12. Januson	If so, specify (Signed) Leonge Doulhum M. O.
If more blanks are needed affects State Prairies	(Address)
1 3 3 9 - The same of the state Resistant,	2411 14. Chances Street, Daltimore, Requesting 'O. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street car  July 5,1927  Peritonitis  Other contributory causes of importance:	

V. S. No. 1

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32	pe	pe	Jo
-WRITE PLAINLY, WAY UNFADING INK-THIS IS A PERMANENT WCORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
SC	AGE	that	ions o
NEAD	plied.	rms, se	nstruc
	sup	in te	See i
M	efully	in pla	ant.
NLX,	be car	ATH	mport
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-WK	matio	CAU	TION

STATE OF MARYLAND	CERTIFICATE OF DEATH (6391
1. PLACE OF DEATH	130
County & brusset	Registration Dist. No. 26
Village or City Pelsoleth on D.	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 78 yrs 3 mos.	
2. FULL NAME Saroh - Elizabette	matthews
(a) Residence: No. / Pulsabeth (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fuel 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND- of (or) WIFE of Politi B, matthews	22. I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (2001) 400 00 00 00 00 00 00 00 00 00 00 00 00	Jace 1 1933, to fraction 1933; death is said
DATE OF BIRTH (month, day, and year)  AGE Years   Months   Days   If LESS than	to have occurred on the date stated above, at 10 Pm.
78- 3 8. 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER,	were as follows:  Date of one of  15.33
SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	acut De J Hant
10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation	
2. BIRTHPLACE (city or town) DDD (State or country)	Other Coatribatory Causes of importance:  Chome Out neglineles  Chome Sun Cudules  19.38
13. NAME Genya Foster	arling Delinois Junal
14. BIRTHPLACE (city or town) Ond (State or country)	Name of operation Date of
15. MAIDEN NAME Mary Africe Stirringer	What test confirmed diagnosis? Was there en eulopsy?  23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
7. INFORMANT 1906 13 matthins	Where did injury occur?
8. BURIAL, CREMATION, OR REMOVAL Place Property Date June 17, 1933	Manner of Injury
9. UNDERTAKER JOHN ABBOOKS (Address)	24. Was disease or injury in any way releted to occupation of deceased?
O. FILED 0/17 1933 Aurelia 10, Lawson	(Signed) Sever 20 Desiller M. D.
Registrar.	(Address) Mussim M. S.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
TORK TO VE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

PHYSICIANS should state CORD. Every item of infor-Exact statement of OCCUPA. AGE should be stated EXACTLY. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(29)
County Samersot	Registration Dist. No. 268
Village or City GRance Tild	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long In U.S. If of foreign birth?yrsmosds.
2. FULL NAME Jottie TTC Bride	
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
T Col Single Making	(Month) (Day) (Yeer)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of  11 11 11 10 10 10 11 11 11 11 11 11 11 1	1 HEREBY CERTIFY, That intended decesed from
(0)	
6. DATE OF BIRTH (month, day, end year) OF 10 1888 7. AGE 7. Years Months Deys If LESS than	to have occurred on the dete steted above, at 12 at Dam.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted couses of importance
9 Trade profession or particular	were es follows:
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	General Paritonitis 6/176
9. Industry or business in which work was done, es SILK MILL,	1/3
SAW MILL, BANK, etc. Vanora Hausound	
Spell in this	
year) occupation	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town)	
	Acuta Pactritis 6/12/28
13. NAME Tamos lagle  14. BIRTHPLACE (city or town)	
(State or country)	Neme of operation Date of
~	Whet test confirmed diagnosis?
15. MAIDEN NAME Levice Ormstrong	23. If deeth wes due to externat causes (VIDL ENCE) fill in also the following:
(State or country)	Accident, suicide, or homicide?
	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT dames land	Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner ol injury
Place 6 handlm Dote Jan 2/1933	Nature of injury
19. UNDERTAKER Fred J. Archite	24. Was disease or injury in any way related to occupation of deceased?
(Address) Deals Sand m)	Nf so, specify
20. FILED Jone 20, 1973 Rosa Welster Registrar.	(Signed) States M. D.  (Address) Presidence Gerre TRD.
If more blanks are needed address State Registrar.	(Address) Parat Patrimon Paratte (1) S. N.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. and the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	. The principal cause of death and related causes of importance were as follows:	Date of onsef
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PURBASUA	4000		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.-WRITE PLAINLY,

V. S. No. 1

should state

PHYSICIANS Exact statement

EXACTL

stated

properly classified.

certificate.

TION is very important. See instructions on back of mation should be carefully supplied. AGE should CAUSE OF DEATH in plain terms, so that it may

of OCCUPA.

CORD. Every item of infor-

1. PLACE OF DEATH  County Some South HIN CORPORAT  Village or City Custiel	E LIMITS OF Registration Dist. No. 265  No. Juleau St., Ward death occurred in afforpital or institution, give its NAME instead of street and number)  ds. Howlong In U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME  (a) Residence: No. Jeslan St	fau. St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. StNGLE, MARRIED, WtOOWED, OR OLYORCED (write the word)	21. DATE OF DEATH  24 (Month) (Day) (Year)
5a. If marriad, widowad, or divorcad HUSBAND of (or) WiFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)  7. AGE  Yaars  Months  Days  If LESS than  f dayhrs.  orQmin.	I last saw h aliva on, 19, 19; death is said to have occurred on the date stated above, at m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  3. Industry or business in which work was done, as SILK MiLL, SAW MILL, BANK, etc  10. Oate deceased last worked at this occupation this occupation.	Sever worth maceralal solus Date of onset
12. BfRTtiPLACE (city or town) Chis Jack (Stata or country)	Other Contributory Causes of Importance:
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Nama of operation Data of
15. MAIOEN NAME Cynt. a Wargan  16. BIRTHPLACE (city or town) Chis field  (State or country)  17. INFORMANT Constant wargan	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
(Address)  f8. BURIAL, CREMATION, OR REMOVAL  Place	Manner of injury
19. UNDERTAKER (Address)  20. FILEO ( Local Deling)	24. Was disease or injury In any way related to occupation of decaasad?  If so, specify  (Signad)  M. O.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1-1-1-0-

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

TABELA LEZEKAED EOB BIADIAC

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	į.	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		The same of the sa	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1	MARGIN RESERVED FOR BINDING	-
N. B.—WRITE PLANLY, W	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT CORD. Every item of infor-	for-
mation should be carefu	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	tate
- CAUSE OF DEATH in	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	PA-
TION is very important	TION is very important. See instructions on back of certificate.	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6396
1. PLACE OF DEATH  County Some set Sound  Village or City Rhodos Point	Registration Dist. No. 2 (e. (es
Length of residence in city or town where death occurredyrs/_mos.  2. FULL NAME COTA	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
(a) Residence: No. / Motte Moint (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Warried	21. DATE OF DEATH 20 (1933 (Year)
5a. It married, widowed, or divorced HUSBAND of (or) WIFE of Charles Westley Snead	1 HEREBY CERTIFY, That I attended deceased from June 20 1933, to June 20 1933
6. DATE OF BIRTH (month, day, and year) / 8 / 2   3 0   7. AGE	to have occurred on the date stated above, at 11:30 Am.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased last worked at this occupation (month and	allik indig Eskon 6. ar
year) 40 y 12. BIRTHPLACE (city or town) 20 y	Other Contributory Causes at importance: Fatty heart
(State or country)  13. NAME  14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFDRMANT C. Westley Sneads (Address)	23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Princes Onice Date June 22, 1933	Manner of injury
19. UNDERTAKER Of Bradslay (Address) Crisfield and	24. Was disease or injury in any way related to occupation of deceased?  If so, specify
20. FILED Registrar.  If more blanks are needed, address State Registrar.	(Signed) W. + ST veit M. D. (Address) Elvet M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		- ABOUT STATE	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BA	PHYSICIAN

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. 270 County Village or City Edward W. McCready Memorial (a) Residence: No. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4 COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Day) (Year) 5a. If merried, widowed, or divorced HUSBAND of 22. CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate. properly 7. AGE If LESS than Months Davs date stated above, at 1 dev.\_\_\_\_hrs. or\_\_\_\_min. Date of onset Trade, profession, or particular kind of work done, as SPINNER OCCUPATION SAWYER, BOOKKEEPER, etc .... back may 9. Industry or business in which pluods work wes done, es SILK MILL, SAW MILL, BANK, etc ... 11. Total time (yeers) spent in this 10. Date deceased last worked at this occupation (month end that occupetion instructions 12. BIRTHPLACE (city or town) (State or country) FATHER 13, NAME 14. BIRTHPLACE (city or town) plain (State or country) efully MOTHER 15. MAIDEN NAME in 23. If death was due to external ceuses (VIOLENCE) fill in also the following Accident, suicide, or homicide?\_\_\_\_\_ Date of injury\_\_\_\_ 16. BIRTHPLACE (city or town DEATH (State or country) Where did injury occur?\_\_\_\_ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE, 17. INFORMANT plnods (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE Neture of Injury. LION 24. Was disease or injury in any way related to occupation of deceased 19. UNDERTAKER (Address) If so, specify (Signed Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting D. S. No. 1.

BINDING

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

CORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. I UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. N. B.—WRITE PLAINLY, W.

ST	ATE O	F MARY	LAND-	CERTIFI	CATE	OF DEA	TH 06	338
1. PLACE OF DEATH		1.11	- A	Andres	-(120)			
County Some	reet	2000	ca of acre	1 1 1	10-	Registration [	Dist. No.	770
Village or City Cu		20l		No. R	# 86	2	42	. Ward
	<b>N</b>			death occurred in a		titution, give its NAME		and number)
Length of residence In city of	r tdwh where de	eeth occurred	yrs/mos	ds. How	long in U.S.i	if of foreign birth?	yrs	mosds.
2. FULL NAME	5	Sal	Zy Low	resend				
(a) Residence: No.	ris	eld	R D #	2-St,	Ward.			
PERSONAL AND	STATIST	(Usual place of			EDICAL		rive city or town	
3. SEX . 4. COLOR O		5. SINGLE, MARR		21. DATE O		CERTIFICATE	OF DEAT	Н
M COLON	/ ARCE		(write the word)	ZI. DATE U	PEATE	Ma and a	4	. 193 3
5a If married widowed or diverse	V	5		-	(	(Month)	(Day)	(Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		~		22. 1 1	HEREB	YCERTIFY	. Thet I atte	nded deceesed from
(47)					25	, 19 33, 10		19.3.3
6. DATE OF BIRTH (month, day, er	nd yeer) Cy	sul 29	, 1933	I lest saw hair	alive on	Jenne 81		್ತು death is seld
7. AGE Years	Months	Days	If LESS than	0		tated above, at 12:4		
		13	I dey,hrs. ormin.	The PRINCIPAL were as follows:	CAUSE OF DE	EATH and related couse	s of Importance	Date of onset
8. Trede, profession, or pertion kind of work done, as	uler SPINNER			Dys	sular	y, Bacilla	7	- les and 3
kind of work done, as SAWYER, BOOKKEEPER S-Industry or business In why work wes done, as SILP SAW MILL, BANK, etc				Below	ele.	dienun	a	11. 8
work wes done, as SILM SAW MILL, BANK, etc	MILL,			heal	muthe	Lion -	• • • • • • • • • • • • • • • • • • • •	
D. Date deceesed last worked	et	11. Total tim	e (years)	Bacellan	y stypat	ery: Invatio	n : one we	ek.
this occupation (month year)	and	spent occup	In this etion				Chille (	
12. BIRTHPLACE (city or town)	sist	.el		Other Contributes	ry Causes of in	mportence:		
(Stete or country)	Lugh	Land		-			• • • • • • • • • • • • • • • • • • • •	
13. NAME Fletal	21	Don					***********	
13. NAME TELES	Hon	0.000		Neme of operation	n		Date	of
(State or country)		Luc	2l -	Whet test confirm			Was there	
15. MAIDEN NAME &	a Se	andle				ceuses (VIOLENCE) fill		
15. MAIDEN NAME Col. 16. BIRTHPLACE (city or town)	Best	cos He	91			D		
∑ (State or country)		und -		Where did injury				
17. INFORMANT Edua B	saulle	June 10	1 (mdl	B.		(Specify city or t f in INDUSTRY, In HON	own, county and	State) C PLACE.
(Address)	Criss	reld le	1					
18. BURIAL, CREMATION, OR REM	OVALATINGE	lot 1		Manner of injury	• • • • • • • • • • • • •			
Place mariners	- Koon-		e. 9, 1933	Neture of injury_				
19. UNDERTAKER	1Bro	delon		24. Was disease or	injury In eny	way releted to occupat	tion of deceased	7 200
20. FILED June 9, 19]	3/6	reo	clina	(Signed)	San	l m	They	M. D.
-	16 mars 1	lanks ava a - J-J - J	Registrar.	(Addr		the day	. Mad	
	1) more b	canks are needed, add	ress State Kegistrar,	2411 N. Charles Stre	et, Baltimore,	Requesting U. S. No. 1	r.	

To be complete, an occupation return must state:

who had no occupation whatever write none.

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gustroenteritis 1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MYBCIM LEZEKAED BOB BIADING

M	VT i RD. Every item of infor-	LY. PHYSICIANS should state	. Exact statement of OCCUPA-	
MARGIN RESERVED FOR BINDING	G INK-THIS IS A PERMANEN	GE should be stated EXACTI	that it may be properly classified.	ns on back of certificate.
	N. BWRITE PLANIN, WIN UNFADING INK-THIS IS A PERMANENT I RD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
V. S. No. 1	N.	1	-	-)

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06399
1. PLACE OF DEATH	(31)
County August	Registration Dist. No. 268
Village or City DEALS ISLAND, MD.	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
	icis Webster
(a) Residence: No.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Yeer)
5a. If married, widowed or divorced HUSBAND of	/ / /
(or) WIFE of Comma Webster	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, dey, and year) Fan 13 1866	I last saw h. D. alive on 1. 1932; death is said
7. AGE Years Months Deys If LESS than	to heve occurred on the date stated above, etm.
5 2 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	Eligine parenchymalis
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. radustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  11. Total time (yeers) this occupation (month and	Stheritis
work was done, as SILK MILL, SAW MILL, BANK, etc.	
Data daceasad last worked at this occupation (month and spent in this occupation (month and spent in this occupation occu	
12 BIRTHPLACE (city or town) DEALS ISLAND MD	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) DEALS ISLAND, MD. (State or country)	- Confall Noro
E 13. NAME Colymptus Webell?	
13. NAME COLUMN DEALS ISLAND, MD.  (State or country)	Name of operation Date of
1 (State of Country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
≥ (State or country)	Where did injury occur?
17. INFORMANT DEALS 18 AND ME	Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Date 192)	Nature of injury
19. UNDERTAKER ALS ISLAND, MO.	24. Was disease or injury In any way related to occupetion of deceased?  If so, specify
20. FILED Jue 16, 1933 Rosa Webster Registrar.	(Signed) (Address) CHANCE MD
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. RECEIVED

JUL 3 1988 however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done. 10.—The month and year the deceased last worked at the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," operative, "operative," the national the industry or business, avoid the use of such capacitation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

# STATE OF MARYLAND—CERTIFICATE OF DEATH

66400

1. PLAC	CE OF DEA				(82%)	1400
Coun	ty	Somerset			Registration Dist. No.	60
		Prin		(1	No	
2. FULL	NAME	Alfre	d T.Whi	te		
	Residence: No.		(Usual place		St., Ward.  If nonresident give city or town as	nd State
PEF	RSONAL AI	ND STATIST			MEDICAL CERTIFICATE OF DEATH	
3. SEX Mal		OR OR RACE	5. SINGLE, MAR	RIED, WIDOWED,	21. DATE OF DEATH  June 22  (Month) (Day)	193 33 (Year)
HUSBAN (or) Wil	d, widowed, or div ND of FE of MI	s.A.T.W	hite Dec.21,	1855	22. I HEREBY CERTIFY. That I attende  May 19 33 to June 22,  I last saw h im alive on June 21, 19	d deceesed from , 19 33 ; death is said
7. AGE	Years 77	Months 6	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Dat-of onset
S Industry I	ind of work done AWYER, BOOKKE Stry or business is ork was done, as AW MILL, BANK, deceased last w his occupation (m ear)  ACE (city or town e or country)	as SPINNER, REPER, etc. Rin which SILK MILL, etc. orked at onth and	Propri 11. Total t spe occi		Cerebral Hemorrhage I did not attend deceased When first taken sick Other Coutributory Causes of importance:	?
H 14. BIRT		town) Vi			Name of operation Date of Whet test confirmed diagnosis? Wes there are	
16. B1RT	HPLACE (city or t State or country)	s.H.C.D	irginia ashiell	nno Md	23. If death was due to external causes (VIOL ENCE) fill in also the following Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or lown, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ng: , 19
18. BURIAL, O	CREMATION OR PARENTE PHI	REMOVAL	ncess A.  Louis June  L.  L.  L.  L.  L.  L.  L.  L.  L.  L	2.23., 19.33.	Manner of injury  Neture of injury  24. Wes disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  (Address)  Princess Anne, Manner of injury in any way related to occupation of deceased?	

If mo blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS should state Exact statement of OCCUPA-CORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. H UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. N. B.—WRITE PLAINLY, WIT

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-0
County Symlaset	Registration Dist. No.
Village or City Quisle	ND
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Storge & Willing	1
(a) Residence: No.	Bend Ward.
(Usual place of abode)	ff nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Market Color OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Dey)  (Year)
5a. If married, widowed, of divorced HUSBAND of Learnin C. Millians	22, I HER/EBY CERTIFY, Thet I attended degrased from
6. DATE OF BIRTH (month, dey, end year) 100 6 18 72	Plest sew h List alive on About 14, 1903; deeth is seld
7. AGE Yeers Months Deys if LESS then 1 day,hrs.	to heve occurred on the date stated above, etL_OQm.  The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance were as follows:
8. Trede, profession, or particuler kind of work done, as SPINNER, Meuchant SAWYER, BDDKKEEPER, etc.	Heart Whichor the 33
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9, Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10, Dete deceased last worked at this occupation (month end)	//
10. Dete deceased last worked at this occupation (month end) May spent in this yeer)	
12. BIRTHPLACE (city or town) Druble (State or country)	Of The Contributory Canada of Importance:
13. NAME Hendy Willing	Duration: one year Cruby
14. BIRTHPLACE (city or town)	Neme of operation Date of
(State of country)	Whet test confirmed diegnosis? Wes there an eutopsy?
15. MAIDEN NAME OYANNA STOWN  16. BIRTHPLACE (city or town)	23. If deeth wes due to external causes (VIOL ENCE) fill in elso the following:
	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT CARRIL C. Willing  (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DE REMOVAL DE LE 18 1933	Manner of injury
19. UNDERTAKEN 14 Nataons Sin Inc	24. Wes disease or injury in any way releted to occupation of deceased?
20. FUED June 18, 1933 mm S. Browth.	(Signed)  (Address)  (Address)  (Address)
If more blanks are needed, address State Revistrar.	

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

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B.-WRITE PLA

V. S. No. 1

of certificate.

TION is very important. See instructions on back

20. FILED JANUA 29, 1933 1-

item of infor-

	STATE OF MARY	_AND-	CERTIFICATE OF DEATH	402
1	. PLACE OF DEATH			
1	County Somerset	1	Registration Dist, No. 26_	3
		(If	No. St.,  death occurred in a hospital or institution, give its NAME instead of street and n  ds How long in U.S. if of foreign birth?	Ward
	Length of residence in city or town where death occurred	_yrs,mos	ds How long in U.S. if of foreign birth? yrs mc	is ds.
2	. FULL NAME Levin James Wilso	n		
	(a) Residence: No.		St., Ward.	COLUMN TO THE PARTY OF THE PART
skeroma	(Usual place of a		If nonresident give city or town and	State
	PERSONAL AND STATISTICAL PARTICU		MEDICAL CERTIFICATE OF DEATH	
3. 5	Male 4. Color or RACE or DIVORCED (* Marrie		June 26 (Month) (Day)	, 193 <b>3</b>
5a.	If married, widowad, or divorced HUSBAND of (or) WIFE of Mrs.Sarah J.Wilson		22. I HEREBY CERTIFY, That I attended a XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
	Mand to	863	Hast saw h im alive on June 26 19 33 death is said	
7. /	The of Billing (month), and year)	If LESS than	to have occurred on the date stated above, at 11.53 Ph. M.	; death is said
	70 3 9	day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			0ste of onset 6/26/33
000	10. Date deceased last worked at this occupation (month and year)	(years)		
12.	BIRTHPLACE (city or town) Maryland (Stata or country)		Other Contributary Causes of importance:	
ER	13. NAME James Wilson			
13. NAME James Wilson 14. BIRTHPLACE (cily or town) Maryland (State or country)		Name of operation Date of What test confirmed diagnosis? Was there an a		
15. MAIDEN NAME Margaret Wallace		23. If death was due to external causes (VIOLENCE) fill in also the following		
15. MAIDEN NAME Margaret Wallace  16. BIRTHPLACE (city or town) Maryland (State or country)		Accident, suicide, or homicide? Date of Injury, 19		
17. INFORMANT James W.Wilson (Address) Princess Anne, Md. Rt 2				
18.	BURIAL, CREMATION, OR REMOVAL Place Mount Warmon Data Joine	29,19 33	Manner of injury	
19.	UNDERTAKER Dale & ashill mich Addiess) Prince Anne Anne	usland	24. Was disease or injury in any way related to occupation of deceased?	· · · · · · · · · · · · · · · · · · ·

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(Address)

princess

Registrar.

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		Other contributory causes of importance.	-12
Gallstones	May 1,1923	Gastroenteritis	1 year

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